

Current Long Term Trainee Form
OMB #0915-0272
Expiration Date: January 31, 2006

Trainee Information (Long –term Trainees Only)

Definition: Long-term trainees (those with greater than or equal to 300 contact hours within the training program) benefiting from the training grant (both supported and non-supported trainees).

Total Number of long term trainees participating in the training program _____*

*All trainees participating in the program, whether receiving MCH stipend support or not.

REPORTING PERIOD FROM _____ (date) TO _____ (date)

Name	Race/ Ethnicity	Gender	Discipline at Entry	Degrees at Entry	Position at Entry	Degree Program Enrolled	MCH Support?	Amount	Student Type Pre/Post Doc	Part/ Full time	Products
SAMPLE: Jose Padilla	5	M	Medicine	M.D.	MCH Director	Post Doc DBP Residenc y	Yes, stipend and tuition	\$40,000	Post Doc Full time		2 Journal articles
Total # and % by Column	White # ____ % ____ Black # ____ % ____ Hispanic Etc.	Female # ____ % ____ Male # ____ % ____		No totals needed here			# Supporte d ____ % supporte d ____	Total # Stipends _____ \$ Stipends _____	Pre Doc 10 (33%) Post Doc 20 (66%)	PT 15 (50%) FT 15 (50%)	Total Products = XX

- 1 American Indian or Alaskan Native
- 2 Native Hawaiian or Other Pacific Islander
- 3 Asian
- 4 Black, not of Hispanic origin
- 5 Hispanic
- 6 White, not of Hispanic origin
- 7 More than one race reported
- 8 Unknown or unreported

Short and Medium Term Trainee Information Form

OMB #0915-0272

Expiration Date: January 31, 2006

Short-term (Less than 40 contact hours) and Medium-term (40 or more and less than 300 contact hours) Training Information

Number of Short term Trainees during the past 12-month grant period _____

List types/disciplines (i.e., pediatricians, nutritionists, etc.) _____

Number of Medium term Trainees during the past 12-month grant period _____

List types/disciplines (i.e., residents, interns, etc.) _____

Former Trainee Information (For Long-term Trainees ONLY) Form

OMB #0915-0272

Expiration Date: January 31, 2006

(Definition of Former Trainee = Grant supported trainees 5 years post graduation)

FORMER LONG TERM TRAINEES, Total Number _____

Name	Year Completed Training Program	Degree(s) earned with MCH Support	Was the University Able to Contact the Trainee? Y/N	Current Position Title	Current Position Setting	City and State of Residence	Remained in MCH Field? Y/N

Current Position Setting = private practice, public sector health agency, other sector agency, academic, professional organization, private/non-profit, hospital/HMO/clinic

D. Continuing Education

Continuing Education and Continuing Education/Distance Learning Form

OMB #0915-0272

Expiration Date: January 31, 2006

Topic	Method*	Number of CE Students	Duration in Hours	Continuing Education Credits Provided? Y/N
Total		##		

*Method: Presentation/Seminar; Workshop/Conference; Web-based Course; Audioconference; Videoconference, etc.

List the Topics, methods, number of students, duration and whether CE units were provided for all CE activities in the past project year. Provide the total number of CE students reached through your training program last year.

E. Clinical Services Provided

FORM 5
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)
By Type of Individual and Source of Primary Insurance Coverage
OMB #0915-0272
Expiration Date: January 31, 2006

For Projects Providing Direct Health Care, Enabling or Population-based Services

Reporting Year _____

Table 1	(a)	(b)	(c)	(d)	(e)	(f)
Pregnant Women Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/ Other %	None %
Pregnant Women (All Ages)						
10-14						
15-19						
20-24						
25-34						
35-44						
45 +						

Table 2	(a)	(b)	(c)	(d)	(e)	(f)
Children Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/ Other %	None %
Infants <1						
Children 1 to 22						
1-4						
5-9						
10-14						
15-19						
20-24						

FORM 5 Continued

NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED)

By Type of Individual and Source of Primary Insurance Coverage

For Projects Providing Direct Health Care, Enabling or Population-based Services

Reporting Year _____

Table 3	(a)	(b)	(c)	(d)	(e)	(f)
CSHCN Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/ Other %	None %
Infants <1						
Children 1 to 22						
1-4						
5-9						
10-14						
15-21						

Table 4	(a)	(b)	(c)	(d)	(e)	(f)
Women Served	Number Served	Total Served	Title XIX %	Title XXI %	Private/ Other %	None %
Women 22 +						
22-24						
25-29						
30-34						
35-44						
45-54						
55-64						
65 +						

Table 5	(a)	(b)	(c)	(d)	(e)	(f)
Other	Number Served	Total Served	Title XIX %	Title XXI %	Private/ Other %	None %

Table 6	(a)	(b)	(c)	(d)	(e)	(f)
Totals	Number Served	Total Served	Title XIX %	Title XXI %	Private/ Other %	None %

F. Collaboration/Coordination

Technical Assistance/Collaboration Form

OMB #0915-0272

Expiration Date: January 31, 2006

Definition: The provision of technical advice in a range of issues including program development, clinical services, program evaluation, and policy and guidelines formulation. For example, your project may have provided technical advice to state or local health, education, or social service agencies. Or, faculty may serve on advisory boards to formulate new guidelines at the state or national level.

Topic of Technical Assistance/Collaboration	Recipient of TA/Collaborator*	Indicate Level of Collaboration (low, medium, high)	Geographic Description**
Total Number _____	Total # and % of Recipients	No Totals Here	Local # ____; % ____ State # ____; % ____ Another State # ____; % ____ Regional # ____; % ____ National # ____; % ____ International # ____; % ____

List the 8-10 most significant technical assistance/collaborative activities in the past year, start with the most significant one.

*Recipient = Other departments in your university, Title V (MCH Programs), Medicaid Agency, Health Insurance/Managed Care Organization, Provider Organization, State Department of Education or Local School District, Social Service Agency, Developmental Disability Agency, Mental Health agency, Legal entity, Independent research or policy organization, foundation, family and/or consumer group, Other (please specify)

**local, within state, another state, regional, national, international

G. Leadership

H. Marketing/Dissemination

I. Evaluation/Impact

DATA COLLECTION FORM FOR PERFORMANCE MEASURE #07

OMB #0915-0272

Expiration Date: January 31, 2006

Using a scale of 0-3, please rate the degree to which our grant program has included families into their program and planning activities.

0	1	2	3	Element
				1. Family members participate on advisory committees or task forces and are offered training, mentoring and reimbursement.
				2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.
				3. Family members participate in the planning, implementation and evaluation of the program's activities.
				4. Families members work with their professional partners to provide training (pre-service, in-service and professional development) to MCH/CSHCN staff and providers.
				5. Family members are hired as paid staff or consultants to the program (a family member is hired for his or her expertise as a family member).
				6. Family members of diverse cultures are involved in all of the above activities.

0=Not Met

1=Partially Met

2=Mostly Met

3=Completely Met

Total the numbers in the boxes (possible 0-18 score) _____

DATA COLLECTION FORM FOR PERFORMANCE MEASURE #08

OMB #0915-0272

Expiration Date: January 31, 2006

The total number of graduates, 5 years post graduation, included in this report _____

The total number of graduates lost to follow-up _____

Percent of graduates (5 years post graduation) demonstrate MCH leadership in **at least one** of the following areas: _____%

- Academics--i.e. faculty member teaching-mentoring in MCH related field; _____%
and/or conducting MCH related research; and /or providing consultation
or technical assistance in MCH; and/or publishing and presenting in key
MCH areas; and/or success in procuring grant and other funding in MCH
- Clinical--i.e. development of guidelines for specific MCH conditions; _____%
and/or participation as officer or chairperson of committees on State,
National, or local clinical organizations, task forces, community boards,
etc.; and/or clinical preceptor for MCH trainees; and/or research, publication,
and key presentations on MCH clinical issues; and/or serves in a clinical
leadership position as director, team leader, chairperson, etc.
- Public Health/Public Policy--i.e. leadership position in local, State or _____%
National public organizations, government entity; and/or conducts
strategic planning; participates in program evaluation and public policy
development; and/or success in procuring grant and other funding;
and/or influencing MCH legislation; and/or publication, presentations
in key MCH issues.
- Advocacy--i.e. through efforts at the community, State, Regional and _____%
National levels influencing positive change in MCH through creative
promotion, support and activities--both private and public. For example,
developing a city-wide SIDS awareness and prevention program through
community churches.

DATA COLLECTION FORM FOR PERFORMANCE MEASURE #09

OMB #0915-0272

Expiration Date: January 31, 2006

The percent of participants in MCHB long-term training programs who are from underrepresented groups.

Numerator: _____

Number of trainees reported by MCHB long-term training programs to be from underrepresented groups. "Underrepresented groups" refer to, but are not limited to, groups based on race, ethnicity, geographic location and gender who are underrepresented in a field of study.

Denominator: _____

Total number of trainees participating in MCHB long-term training programs.

Measure: _____

DATA COLLECTION FORM FOR PERFORMANCE MEASURE #11**OMB #0915-0272****Expiration Date: January 31, 2006**

Using a scale of 0-3, please rate the degree to which your training program has addressed the following cultural competence elements.

0	1	2	3	Element
				1. A written cultural competence plan for your training program emphasizes your commitment to delivering a culturally competent training experience to your trainees.
				2. Cultural and linguistic competency policies are incorporated into the overall administration of your training program (recruitment plan and other policies and procedures).
				3. Cultural and linguistic competence knowledge and skills building are included in the didactic portion of your training experience.
				4. Cultural and linguistic competence knowledge and skills building are included in the practicum/field/clinical experience portion of your training experience.
				5. Research conducted by trainees and faculty includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.
				6. Community and family members of diverse cultures are involved in partnerships and collaborations for the planning, delivery, and evaluation of your training program.
				7. Faculty/staff are culturally diverse and linguistically and culturally competent.
				8. Faculty and staff are regularly trained on cultural and linguistic competency issues.
				9. A process is in place for periodic assessment and planning related to the cultural and linguistic competence of your trainees.

0=Not Met

1=Partially Met

2=Mostly Met

3=Completely Met

Total the numbers in the boxes (possible 0-27 score) _____

